



Published by  
Health Services Analysis Section  
Olympia, WA 98504-4322

# PROVIDER BULLETIN

PB 04-07

## THIS ISSUE

New Maximum Allowable Fees  
& Billing Codes for  
Independent Medical  
Examinations & Impairment  
Rating Examinations

### TO:

Chiropractors  
Dentists  
IME Providers  
Physicians  
Osteopathic Physicians  
Podiatric Physicians  
Self-Insured Employers

### Provider Toll Free

1-800-848-0811  
902-6500 in Olympia

### CONTACT:

Sharon Brosio  
PO Box 44322  
Olympia WA 98504-4322  
360-902-6813  
[brsi235@LNI.wa.gov](mailto:brsi235@LNI.wa.gov)

Copyright Information: Many Provider Bulletins contain Physician's Current Procedural Terminology (CPT®) codes. CPT® is a registered trademark of the American Medical Association (AMA). CPT® five-digit codes, descriptions, and other data only are copyright 2003 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT®. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for data contained or not contained herein.

Provider Bulletins/Updates are  
available on the Web at:

<http://www.lni.wa.gov/ClaimsInsurance/Providers/ProviderBulletins/default.asp>

## Purpose

This bulletin provides **New Maximum Allowable Fees and Billing Codes** for Independent Medical Examinations (IME) and Impairment Rating Examinations provided by attending physicians and consultants. These Maximum Allowable Fees apply to both the Washington State Fund and Self-Insured Employers.

These fees will be effective for dates of service on or after **July 1, 2004**.

These codes and fees will supersede those in *L&I's Medical Aid and Fee Schedules*, effective July 1, 2004.

## What providers can bill IME codes?

Only those who have obtained an IME provider number from the Department of Labor and Industries can bill IME codes. For more information on how to become an IME provider, please go to the following link:

<http://www.lni.wa.gov/ClaimsInsurance/Providers/IME/About/default.asp>

## What are the major changes to the codes and fees?

1. Fee increases for most IME codes and Impairment Rating Examination codes.
2. New method to bill for multi-examiner exams.
  - Multi-examiner exams with separate, complete stand-alone examinations and reports from each examiner  
Each examiner is reimbursed per the limited, standard or complex IME code, depending on the level of examination performed.
  - Multi-examiner exams with one examination and report combining information from all examiners  
Lead examiner reimbursed at the limited, standard or complex rate. Each additional examiner reimbursed at a set fee for "additional examiner."
3. New code for terminated examinations.
4. New add-on codes for communication issues and extensive file review by examiner.
  - Paid per examiner.
  - For both single and multiple-examiner exams.

5. New way of billing for Job Analysis (JA) review
  - Maximum of 2 JAs reviewed at time of examination included with IME examination fee.
  - Additional JA review, either at time of examination or after, paid per L&I fee schedule (codes 1038M and 1028M).
6. Revised fees for microfiche handling.
7. Revised descriptions of limited, standard and complex examinations, including a component for face-to-face doctor time with the patient.
8. Elimination of anticipated and unanticipated complex exam add-on codes 1103M and 1127M.
9. Elimination of repeat IME codes.
10. Elimination of prior authorization requirements for most IME codes, except:
  - "By report" code for special circumstances, and
  - Physician mileage.
11. Elimination of other IME-specific codes that already have corresponding codes and identical values in L&I's main fee schedule.
12. Requirement for doctor IME provider numbers on all IME bills submitted to the department.

Examiners will need one IME provider account number for each "payee" they wish to designate. If an IME examiner is not working through any IME firms, they will need just one IME number, which will also serve as their payee number. If an examiner works with multiple IME firms that are identified as payees, then the examiner will need a different provider account number for each IME firm.

All bills to the department must have the doctor's IME provider account number in box 33 under "PIN#." If an IME firm is the designated payee, the firm's provider number must be in box 33 under "GRP#."

#### How can I obtain general and/or IME-specific billing instructions?

Billing instructions will be mailed to you when you receive an IME provider number. To request Billing Instructions, call L&I's Provider Toll-free line at: **1-800-848-0811**.

#### Can I submit my bills to L&I electronically?

Electronic billing can save billing staff's time and speed L&I's payment to you. For more information on paperless billing, call or write:

Department of Labor and Industries  
Electronic Billing  
PO Box 44264  
Olympia, WA 98504-4264  
(360) 902-6511

or go to the following link: <http://www.lni.wa.gov/ClaimsInsurance/ProviderPay/Billing/Electronic>

## What are the new and revised codes and fees?

Code	<b>Description</b> Note: <b>Bolded</b> code numbers may be billed only by approved IME providers	<b>Fee Effective 7/1/04</b>
1028M	<b>Review of Job Descriptions or Job Analysis (JA)</b> , each additional review <b>Must be requested by insurer, State Fund employer or vocational counselor.</b> <ul style="list-style-type: none"> <li>• Payable to attending doctor, IME provider or consultant.</li> <li>• Must be requested by insurer, State Fund employer or vocational counselor.</li> <li>• 1 JA equals 1 unit.</li> <li>• If reviewing more than 1 JA on same day, bill 1038M for first JA, then 1028M for each additional JA reviewed that same day.</li> </ul> <u>IME Providers</u> <ul style="list-style-type: none"> <li>• Use for JA review requested as part of IME referral, beyond the first 2.</li> <li>• Also use this code for JA review requested AFTER the IME, after billing 1038M first.</li> </ul>	\$16.78
1038M	<b>Review of Job Descriptions or Job Analysis (JA) for first JA review</b> <ul style="list-style-type: none"> <li>• Payable to attending doctor, IME provider or consultant. Limit of one per day.</li> <li>• Must be requested by insurer, State Fund employer or vocational counselor.</li> <li>• If reviewing more than 1 JA on same day, bill 1038M for first JA, then 1028M for each additional JA reviewed that same day.</li> </ul> <u>IME providers</u> <ul style="list-style-type: none"> <li>• Do not use this code for JA review requested as part of IME referral.</li> <li>• Use this code for the first JA review requested AFTER the IME.</li> </ul>	\$ 33.55
1045M	<b>Performance-based physical capacity evaluation with report and summary of capacities</b> <ul style="list-style-type: none"> <li>• Payable only to physicians who are board qualified or certified in physical medicine and rehabilitation, and physical and occupational therapists.</li> <li>• Must be requested by insurer.</li> </ul>	\$622.33
1048M	<b>Doctor's estimate of physical capacities</b> <ul style="list-style-type: none"> <li>• Must be requested by insurer or vocational counselor.</li> <li>• Payable to attending doctor, independent medical examiners, consultants, the treating physician assistant or advanced registered nurse practitioner.</li> <li>• Limit of one per day per claim.</li> <li>• Billed under lead examiner provider number for multi-examiner exams.</li> </ul>	\$ 21.42
1100M	<b>IME, Microfiche handling, initial 10 pages of fiche with referral</b> <ul style="list-style-type: none"> <li>• Bill this code only once per referral.</li> <li>• L&amp;I encourages examiners to make arrangements to handle microfiche.</li> <li>• Do not bill this code if you are provided with a paper copy of the claim record.</li> </ul>	\$51.87
1101M	<b>IME, Microfiche handling, per page</b> <ul style="list-style-type: none"> <li>• Bill this code only once per referral.</li> <li>• Per each fiche page beyond the initial 10 with the referral.</li> <li>• 1 unit equals 1 microfiche page.</li> </ul>	\$5.19 (per fiche page)
1104M	<b>IME, Addendum report</b> <ul style="list-style-type: none"> <li>• Must be requested and authorized by claims manager.</li> <li>• Addendum report for information not requested in original assignment, which necessitates review of records.</li> <li>• Not to be used for review of Job Analysis or review of diagnostic testing or study results ordered by the examiner.</li> </ul>	\$99.99

Code	<b>Description</b> Note: <b>Bolded</b> code numbers may be billed only by approved IME providers	<b>Fee Effective 7/1/04</b>
1106M	<p><b>IME, Limited exam- 1 body area or organ system</b>            Use this code if there is only 1 body area or organ system that needs to be examined for sufficient evaluation of the accepted condition(s) or the condition(s) contended as work-related.</p> <p>Included in this code are the following requirements:</p> <ul style="list-style-type: none"> <li>• An appropriate examination is conducted and a written report is provided.</li> <li>• Records are reviewed.</li> <li>• Physical examination is directed only toward the affected area or organ system of the body.</li> <li>• Diagnostic tests needed are ordered and interpreted.</li> <li>• Impairment rating is performed if requested.</li> <li>• The report conclusions address how the examined area or organ system relates to the accepted or contended work related injury(s) or condition(s).</li> <li>• Includes review of up to 2 Job Analyses.</li> </ul> <p>The department expects that these examinations will typically involve at least 15 minutes of face-to-face time with the patient. This is only a guideline and not to be used to determine appropriate billing code.</p> <p>This code can be used by:</p> <ul style="list-style-type: none"> <li>• single examiners,</li> <li>• leads on multi-examiner exams where findings from other examiners are combined into 1 report, and</li> <li>• examiners on multi-examiner exams who perform separate file review, examination and stand-alone reports.</li> </ul> <p>Additional examiners who are not leads: Use 1112M.</p> <p>Definitions of organ and body systems can be found in the CPT® manual or in this provider bulletin.</p>	\$ 387.53
1108M	<p><b>IME, Standard exam- 2-3 body areas or organ systems</b>            Use this code if there are 2-3 body areas or organ systems that need to be examined for sufficient evaluation of the accepted condition(s) or the condition(s) contended as work-related.</p> <p>Included in this code are the following requirements:</p> <ul style="list-style-type: none"> <li>• An appropriate examination is conducted and a written report is provided.</li> <li>• Records are reviewed.</li> <li>• Physical examination is directed only toward the affected areas or organ systems of the body.</li> <li>• Diagnostic tests needed are ordered and interpreted.</li> <li>• Impairment rating is performed if requested.</li> <li>• The report conclusions address how the examined areas or organ systems relate to the accepted or contended work related injury(s) or condition(s).</li> <li>• Includes review of up to 2 Job Analyses.</li> </ul> <p>The department expects that these examinations will typically involve at least 30 minutes of face-to-face time with the patient. This is only a guideline and not to be used to determine appropriate billing code.</p> <p>This code can be used by:</p> <ul style="list-style-type: none"> <li>• single examiners,</li> <li>• leads on multi-examiner exams where findings from other examiners are combined into 1 report, and</li> <li>• examiners on multi-examiner exams who perform separate file review, examination and stand-alone reports.</li> </ul> <p>Additional examiners who are not leads: Use 1112M.</p> <p>Definitions of organ and body systems can be found in the CPT® manual or in this provider bulletin.</p>	\$ 435.20

Code	<b>Description</b> Note: <b>Bolded</b> code numbers may be billed only by approved IME providers	<b>Fee Effective 7/1/04</b>
1109M	<p><b>IME, Complex exam- 4 or more body areas or organ systems</b>            Use this code if there are 4 or more body areas or organ systems that need to be examined for sufficient evaluation of the accepted condition(s) or the condition(s) contended as work-related.</p> <p>Included in this code are the following requirements:</p> <ul style="list-style-type: none"> <li>• An appropriate examination is conducted and a written report is provided.</li> <li>• Records are reviewed.</li> <li>• Physical examination is directed only toward the affected areas or organ systems of the body.</li> <li>• Diagnostic tests needed are ordered and interpreted.</li> <li>• Impairment rating is performed if requested.</li> <li>• The report conclusions address how the examined areas or organ systems relate to the accepted or contended work related injury(s) or condition(s).</li> <li>• Includes review of up to 2 Job Analyses.</li> </ul> <p>The department expects that these examinations will typically involve at least 45 minutes of face-to-face time with the patient. This is only a guideline and not to be used to determine appropriate billing code.</p> <p>This code can be used by:</p> <ul style="list-style-type: none"> <li>• single examiners,</li> <li>• leads on multi-examiner exams where findings from other examiners are combined into 1 report, and</li> <li>• examiners on multi-examiner exams who perform separate file review, examination and stand-alone reports.</li> </ul> <p>Additional examiners who are not leads: Use 1112M.</p> <p>Definitions of organ and body systems can be found in the CPT<sup>®</sup> manual or in this provider bulletin.</p>	\$ 543.98
1111M	<p><b>IME, No Show Fee</b>-per examiner.            Bill only if appointment time cannot be filled and cancellation is within 3 business days of examination.</p>	\$ 185.19
1112M	<p><b>IME-additional examiner for IME where input from more than 1 examiner is being combined into 1 report.</b> Includes:</p> <ul style="list-style-type: none"> <li>• Record review,</li> <li>• Examination, and</li> <li>• Contribution to combined report.</li> </ul> <p>• Note: Lead examiner on combined report IMEs bills Limited, Standard or Complex code.</p>	\$ 387.53
1118M	<p><b>IME by psychiatrist</b>            Psychiatric diagnostic interview with or without direct observation of a physical examination, includes review of records, other specialist's examination results, if any. Include consultation with other examiners and submission of a joint report if scheduled as part of multi-examiner examination. Includes impairment rating if applicable.</p>	\$ 787.55
1120M	<p><b>IME, No-show fee – psychiatrist</b>            Bill only if appointment time cannot be filled and cancellation is within 3 business days of examination.</p>	\$287.06
1123M	<p><b>IME, Communication issues</b></p> <ul style="list-style-type: none"> <li>• Examination was unusually difficult due to expressive problems, such as a stutter, aphasia or need for a translator in a case that required an extensive history as described in the report.</li> <li>• Bill once per examiner per exam.</li> </ul>	\$ 175.01

Code	<b>Description</b> Note: <b>Bolded</b> code numbers may be billed only by approved IME providers	<b>Fee Effective 7/1/04</b>
1124M	<b>IME, Other, by Report</b> <ul style="list-style-type: none"> <li>For special circumstances.</li> <li>Requires prior-authorization and pre-pay review by Health Services Analysis. Call 360-902-6818.</li> </ul>	By report
1125M	<b>Physician travel per mile</b> <ul style="list-style-type: none"> <li>Allowed when roundtrip exceeds 14 miles.</li> <li>Code usage is limited to extremely rare circumstances.</li> <li>Requires prior-authorization and pre-pay review by Health Services Analysis. Call 360-902-6818.</li> </ul>	\$ 4.27
1128M	<b>Occupational disease history</b> <ul style="list-style-type: none"> <li>Occupational carpal tunnel syndrome, noise-induced hearing loss, occupational dermatitis, and occupational asthma are examples of conditions which L&amp;I considers occupational diseases.</li> <li>The legal standard is different for occupational diseases than for occupational injuries.</li> <li>This is a detailed assessment of work-relatedness, with the exact content presented in the <i>Medical Examiners' Handbook</i>.</li> <li>A doctor may bill this code ONLY ONCE for each patient.</li> <li>Must be requested by insurer.</li> </ul>	\$ 161.17
1129M	<b>IME, Extensive file review by examiner, for greater than 10 pages of microfiche (or 750 hardcopy pages), per examiner.</b> <ul style="list-style-type: none"> <li>For each additional page of fiche reviewed OR each additional 75 hardcopy pages.</li> <li>Note: Review of first 10 pages of microfiche or 750 hardcopy pages is included with the IME fee.</li> </ul>	\$ 49.00
1130M	<b>IME, Terminated examination- for examination ended prior to completion.</b> Requires file review, partial examination and report (including reasons for early termination of exam).	\$ 310.02
1190M	<b>Impairment Rating by Attending Physician, Limited, requested by the department or self-insurer, 1 body area or organ system</b> Use this code if there is only 1 body area or organ system that needs to be examined for sufficient evaluation of the accepted condition(s) or the condition(s) contended as work-related.  Included in this code are the following requirements: <ul style="list-style-type: none"> <li>Records are reviewed.</li> <li>Physical examination is directed only toward the affected area or organ system of the body.</li> <li>Diagnostic tests needed are ordered and interpreted.</li> <li>Impairment rating is performed as requested.</li> </ul> Definitions of organ and body systems can be found in the CPT® manual or in this provider bulletin.	\$387.53
1191M	<b>Impairment Rating by Attending Physician, Standard, requested by the department or self-insurer, 2-3 body areas or organ systems</b> Use this code if there are 2-3 body areas or organ systems that need to be examined for sufficient evaluation of the accepted condition(s) or the condition(s) contended as work-related.  Included in this code are the following requirements: <ul style="list-style-type: none"> <li>Records are reviewed.</li> <li>Physical examination is directed only toward the affected areas or organ systems of the body.</li> <li>Diagnostic tests needed are ordered and interpreted.</li> <li>Impairment rating is performed as requested.</li> </ul> Definitions of organ and body systems can be found in the CPT® manual or in this provider bulletin.	\$ 435.20

Code	<b>Description</b> Note: <b>Bolded</b> code numbers may be billed only by approved IME providers	<b>Fee Effective 7/1/04</b>
1192M	<p><b>Impairment Rating by Attending Physician, Complex, requested by the department or self-insurer, 4 or more body areas or organ systems</b>            Use this code if there are 4 or more body areas or organ systems that need to be examined for sufficient evaluation of the accepted condition(s) or the condition(s) contended as work-related.</p> <p>Included in this code are the following requirements:</p> <ul style="list-style-type: none"> <li>• Records are reviewed.</li> <li>• Physical examination is directed only toward the affected areas or organ systems of the body.</li> <li>• Diagnostic tests needed are ordered and interpreted.</li> <li>• Impairment rating is performed as requested.</li> </ul> <p>Definitions of organ and body systems can be found in the CPT® manual or in this provider bulletin.</p>	\$ 543.98
1193M	<p><b>Impairment Rating by Consultant, Limited, requested by the department or self-insurer, 1 body area or organ system</b>            Use this code if there is only 1 body area or organ system that needs to be examined for sufficient evaluation of the accepted condition(s) or the condition(s) contended as work-related.</p> <p>Included in this code are the following requirements:</p> <ul style="list-style-type: none"> <li>• Records are reviewed.</li> <li>• Physical examination is directed only toward the affected area or organ system of the body.</li> <li>• Diagnostic tests needed are ordered and interpreted.</li> <li>• Impairment rating is performed as requested.</li> </ul> <p>Definitions of organ and body systems can be found in the CPT® manual or in this provider bulletin.</p>	\$ 387.53
1194M	<p><b>Impairment Rating by Consultant, Standard, requested by the department or self-insurer, 2-3 body areas or organ systems</b>            Use this code if there are 2-3 body areas or organ systems that need to be examined for sufficient evaluation of the accepted condition(s) or the condition(s) contended as work-related.</p> <p>Included in this code are the following requirements:</p> <ul style="list-style-type: none"> <li>• Records are reviewed.</li> <li>• Physical examination is directed only toward the affected areas or organ systems of the body.</li> <li>• Diagnostic tests needed are ordered and interpreted.</li> <li>• Impairment rating is performed as requested.</li> </ul> <p>Definitions of organ and body systems can be found in the CPT® manual or in this provider bulletin.</p>	\$ 435.20
1195M	<p><b>Impairment Rating by Consultant, Complex, requested by the department or self-insurer, 4 or more body areas or organ systems</b>            Use this code if there are 4 or more body areas or organ systems that need to be examined for sufficient evaluation of the accepted condition(s) or the condition(s) contended as work-related.</p> <p>Included in this code are the following requirements:</p> <ul style="list-style-type: none"> <li>• Records are reviewed.</li> <li>• Physical examination is directed only toward the affected areas or organ systems of the body.</li> <li>• Diagnostic tests needed are ordered and interpreted.</li> <li>• Impairment rating is performed as requested.</li> </ul> <p>Definitions of organ and body systems can be found in the CPT® manual or in this provider bulletin.</p>	\$ 543.98

<b>CPT®</b>	<b>Description</b>	<b>Fee Effective 7/1/04</b>
90801	<b>Psychiatric diagnostic interview examination</b> <ul style="list-style-type: none"> <li>• Including: history, mental status, and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies.</li> <li>• In certain circumstances other informants will be seen in lieu of patient.</li> <li>• Records are reviewed.</li> <li>• Report required.</li> </ul>	\$204.55 (non-facility)  \$192.90 (facility)
96100	<b>Psych testing w/report, per hour</b> <ul style="list-style-type: none"> <li>• May be billed up to a four hour maximum. May be billed in addition to CPT® code 96117.</li> </ul>	\$ 97.72
96117	<b>Neuropsych test battery per hour</b> Neuropsychological test battery per hour (e.g. Halstead-Retain, LURIA, WAIS-R with interpretation and report per hour (up to 12 hours maximum)).	\$ 97.72
99371-99373	<b>Physician telephone call or conference</b> with adjudicator, claim manager, rehab counselor, voc counselor, or attending doctor.	Fee schedule

  

Modifier -7N	<b>X-rays and laboratory services in conjunction with an IME.</b>  When X-rays, laboratory and other diagnostic tests are provided with an examination, identify the service(s) by adding the modifier -7N to the usual procedure number. Procedure codes are listed in the L&I Fee Schedules, Radiology Section.  Note: This modifier is used by the provider who performs the service (for example, the X-ray clinician, lab or examiner.)	N/A
--------------	--	-----

## Definitions of body area and organ systems from Current Procedural Terminology (CPT®) manual (reproduced with permission from the American Medical Association.)

These definitions are to be used when determining Limited, Standard or Complex fees.

For the purposes of these CPT® definitions, the following body areas are recognized:

- Head, including the face
- Neck
- Chest, including breasts and axilla
- Abdomen
- Genitalia, groin, buttocks
- Back
- Each extremity

For the purposes of these CPT® definitions, the following organ systems are recognized:

- Eyes
- Ears, Nose, Mouth and Throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hematologic/Lymphatic/Immunologic

Note: Bilateral conditions are counted once per each side examined, when determining Limited, Standard or Complex codes. For example, in a case of bilateral carpal tunnel syndrome, if both right and left extremities are examined, that would count as two body areas.

## Limited, Standard and Complex Coding

The examination should be sufficient to achieve the purpose and reason the examination was requested. Choose the code based on the number of body areas or organ systems that need to be examined for sufficient evaluation of the accepted condition(s) or the condition(s) contended as work-related. Be sure the report documents the relationship of the areas examined to the accepted or contended conditions.

Here are some examples for Limited, Standard and Complex cases.

### Limited

- A. Injury to the little finger; physical examination is limited to the injured hand; no physical comparison to the uninjured hand is conducted or documented
- B. Minor, uncomplicated burn injury with no residuals; physical examination is limited to an evaluation of the skin

### Standard

- A. Lumbar strain; physical examination includes a review of the back and lower extremities
- B. Tenosynovitis of the right elbow; physical examination includes comparison of the right and left upper extremities
- C. Cervical strain; physical examination includes a review of the cervical spine and upper extremities

### Complex

- A. Cervical, lumbar and left shoulder strain with a contended aggravation of the right shoulder; physical examination performed on all four body areas
- B. Lumbosacral and cervical strain, chest wall contusion, left knee sprain and right arm fracture; physical examination performed on all five body areas

## Questions & Answers about IME Codes and Fees

### 1. What are “primary” exam codes?

Primary codes are those for the exam itself, including Limited (1106M), Standard (1108M), Complex (1109M), Additional Examiner (1112M) and Psychiatric (1118M).

### 2. What are “add-on” codes?

Add-on codes are those that cannot be billed except in conjunction with an IME exam. Examples of add-on-codes are: extensive file review (1129M) and communication issues (1123M). These codes must be associated with a primary IME code, such as 1106M, 1108M, 1109M, 1112M or 1118M.

### 3. If an IME examiner also has a “treating provider” number, which provider number should be used to bill if they perform ancillary tests associated with the IME performed by that same examiner?

The same IME provider number used to bill the primary exam code (Limited, Standard, Complex, additional examiner or psychiatric IME).

### 4. For multi-examiner exams, which examiner provider number should the fiche handling codes (1100M and 1101M) be billed under?

The IME firm may select the examiner provider number under which to bill the fiche handling codes. These codes may only be billed once per referral.

### 5. How does an IME provider bill for extensive file review by examiner (1129M) when there are portions of a page of fiche?

Code 1129M reimburses for examiner file review beyond the initial 10 pages of fiche or 750 hardcopy pages with the referral. The code reimburses per fiche page or each additional 75 hardcopy pages. Bill a partial fiche page the same as complete fiche page. If the examiner is reviewing a hardcopy file, bill any portion of each additional 75 pages as a full unit.

Example: An IME referral comes with 12 ½ fiche pages or about 938 hardcopy pages. The first 10 fiche pages or 750 hardcopy pages are included with the primary IME exam code. If the examiner reviews 12 ½ pages of fiche, then 3 units of 1129M can be billed.

If hardcopy is being reviewed, the file is 188 pages beyond the 750 included with the primary IME exam code. 188 divided by 75=2.5. The correct number of units to be billed is 3.

### 6. What is the difference between the fiche handling codes (1100M and 1101M) and the extensive file review by examiner code (1129M)?

The “fiche handling” fee is for accepting and converting fiche to hardcopy and is billed only once per referral. The “extensive file review” code is for additional review performed by the IME examiner, beyond the initial 10 pages of fiche or 750 hardcopy pages included with the referral. The extensive file review code can be billed for each examiner performing the additional file review.

**7. What IME codes require prior-authorization from L&I?**

<b>1124M</b>	<b>By report</b> , prior-authorization Health Services Analysis. Call 360-902-6818
<b>1125M</b>	<b>Physician travel per mile</b> , prior-authorization by Health Services Analysis. Call 360-902-6818

**8. Where can I find L&I's *Medical Aid Rules and Fee Schedules*?**

<http://www.lni.wa.gov/ClaimsInsurance/ProviderPay/FeeSchedules>

**9. Where can I find more information about Independent Medical Examinations in Washington?**

See L&I's IME website, located at: <http://imes.LNI.wa.gov>

**10. How can I obtain a *Medical Examiners' Handbook*?**

The *Medical Examiners' Handbook* contains important information about L&I's IME requirements, including (but not limited to) report and examination standards, examination site requirements, administrative rules and impairment rating guidelines. You can request this document by going to the following link:

<http://www.lni.wa.gov/ClaimsInsurance/Providers/IME/MedBook>